

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIPT AND VERIFICATION

TO: IRA BODENSTEIN, UNITED STATES TRUSTEE

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

I, \_\_\_\_\_ DECLARE UNDER PENALTY OF  
PERJURY THAT I AM THE DULY AUTHORIZED REPRESENTATIVE OF THE DEBTOR IN  
POSSESSION DESIGNATED TO OPERATE THE BUSINESS OF  
\_\_\_\_\_, AND AS SUCH I HEREBY ACKNOWLEDGE RECEIPT  
FROM THE UNITED STATES TRUSTEE OF THE OPERATING INSTRUCTIONS AND  
REPORTING REQUIREMENTS. I HAVE READ AND UNDERSTAND THE INSTRUCTIONS  
AND AGREE TO COMPLY WITH THEM.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

I, \_\_\_\_\_, COUNSEL FOR THE DEBTOR IN  
POSSESSION, HAVE REVIEWED AND DISCUSSED THE OPERATING INSTRUCTIONS  
AND REPORTING REQUIREMENTS WITH THE SIGNATORY ABOVE.

SIGNED: \_\_\_\_\_

DATED: \_\_\_\_\_

EXHIBIT "A"

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_

CASE NO. \_\_\_\_\_

SUMMARY OF CASH RECEIPTS AND CASH DISBURSEMENTS

For Month Ending \_\_\_\_\_, 20\_\_

BEGINNING BALANCE IN ALL ACCOUNTS \$ \_\_\_\_\_

RECEIPTS:

1. Receipts from operations \$ \_\_\_\_\_  
2. Other Receipts \$ \_\_\_\_\_

DISBURSEMENTS:

3. Net payroll:  
a. Officers \$ \_\_\_\_\_  
b. Others \$ \_\_\_\_\_

4. Taxes  
a. Federal Income Taxes \$ \_\_\_\_\_  
b. FICA withholdings \$ \_\_\_\_\_  
c. Employee's withholdings \$ \_\_\_\_\_  
d. Employer's FICA \$ \_\_\_\_\_  
e. Federal Unemployment Taxes \$ \_\_\_\_\_  
f. State Income Tax \$ \_\_\_\_\_  
g. State Employee withholdings \$ \_\_\_\_\_  
h. All other state taxes \$ \_\_\_\_\_

5. Necessary expenses:  
a. Rent or mortgage payments(s) \$ \_\_\_\_\_  
b. Utilities \$ \_\_\_\_\_  
c. Insurance \$ \_\_\_\_\_  
d. Merchandise bought for  
    manufacture or sale \$ \_\_\_\_\_  
e. Other necessary expenses  
    (specify) \_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_  
\_\_\_\_\_ \$ \_\_\_\_\_

TOTAL DISBURSEMENTS \$ \_\_\_\_\_

NET RECEIPTS (DISBURSEMENTS) FOR THE CURRENT PERIOD \$ \_\_\_\_\_

ENDING BALANCE IN \_\_\_\_\_ \$ \_\_\_\_\_  
(Name of Bank)

ENDING BALANCE IN \_\_\_\_\_ \$ \_\_\_\_\_  
(Name of Bank)

ENDING BALANCE IN ALL ACCOUNTS \$ \_\_\_\_\_

OPERATING REPORT Page 1

EXHIBIT "B"  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

RECEIPTS LISTING

FOR MONTH ENDING \_\_\_\_\_, 20\_\_

Bank: \_\_\_\_\_

Location: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

DATE RECEIVED

DESCRIPTION

AMOUNT

TOTAL: \_\_\_\_\_

Receipts may be identified by major categories. It is not necessary to list each transaction separately by name of customer or invoice number. You must, however, create a separate list for each bank account to which receipts were deposited during the month.

OPERATING REPORT Page 2  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

DISBURSEMENT LISTING

FOR MONTH ENDING \_\_\_\_\_, 20\_\_

Bank: \_\_\_\_\_

Location: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

<u>DATE DISBURSED</u>	<u>CHECK NO.</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
-----------------------	------------------	--------------------	---------------

TOTAL: \_\_\_\_\_

You must create a separate list for each bank account from which disbursements were made during the month.

OPERATING REPORT Page 3  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_  
FOR MONTH ENDING \_\_\_\_\_, 20\_\_

STATEMENT OF INVENTORY

Beginning inventory	\$ _____
Add: purchases	\$ _____
Less: goods sold (cost basis)	\$ _____
Ending inventory	\$ _____

PAYROLL INFORMATION STATEMENT

Gross payroll for this period	\$ _____
Payroll taxes due but unpaid	\$ _____

STATUS OF PAYMENTS TO SECURED CREDITORS AND LESSORS

<u>Name of Creditor/ Lessor</u>	<u>Date regular payment is due</u>	<u>Amount of Regular Payment</u>	<u>Number of Payments Delinquent*</u>	<u>Amount of Payments Delinquent*</u>
---	--	--	---	---

\* Include only post-petition payments.

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

FOR MONTH ENDING \_\_\_\_\_, 20\_\_

STATEMENT OF AGED RECEIVABLES

ACCOUNTS RECEIVABLE:

Beginning of month balance				\$ _____
Add: sales on account				\$ _____
Less: collections				\$ _____
End of month balance				\$ _____
0-30	31-60	61-90	Over 90	End of Month
<u>Days</u>	<u>Days</u>	<u>Days</u>	<u>Days</u>	<u>TOTAL</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

STATEMENT OF ACCOUNTS PAYABLE (POST-PETITION)

Beginning of month balance				\$ _____
Add: credit extended				\$ _____
Less: payments of account				\$ _____
End of month balance				\$ _____
0-30	31-60	61-90	Over 90	End of Month
<u>Days</u>	<u>Days</u>	<u>Days</u>	<u>Days</u>	<u>TOTAL</u>
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

ITEMIZE ALL POST-PETITION PAYABLES OVER 30 DAYS OLD ON A SEPARATE  
SCHEDULE AND FILE WITH THIS REPORT



OPERATING REPORT Page 5  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

FOR MONTH ENDING \_\_\_\_\_, 20\_\_

TAX QUESTIONNAIRE

Debtors in possession and trustees are required to pay all taxes incurred after the filing of their Chapter 11 petition on an as due basis. Please indicate whether the following post petition taxes or withholdings have been paid currently.

- |    |                             |         |        |
|----|-----------------------------|---------|--------|
| 1. | Federal Income Taxes        | Yes ( ) | No ( ) |
| 2. | FICA withholdings           | Yes ( ) | No ( ) |
| 3. | Employee's withholdings     | Yes ( ) | No ( ) |
| 4. | Employer's FICA             | Yes ( ) | No ( ) |
| 5. | Federal Unemployment Taxes  | Yes ( ) | No ( ) |
| 6. | State Income Tax            | Yes ( ) | No ( ) |
| 7. | State Employee withholdings | Yes ( ) | No ( ) |
| 8. | All other state taxes       | Yes ( ) | No ( ) |

If any of the above have not been paid, state below the tax not paid, the amounts past due and the date of last payment.

**Do not attach this Notice to your Return**

**TO** District Director, Internal revenue Service  
Attn: Chief, Special Procedures Function

**FROM:** Name of Taxpayer  
Taxpayer Address

The following information is to notify you of Federal tax deposit(s)(FTD) as required by the United States Bankruptcy Court (complete sections 1 and/or 2 as appropriate):

**Section 1**

Taxes Reported on  
Form 941, Employer's  
Quarterly Federal Tax Return

**Form 941 Federal Tax Deposit (FTD) Information**

for the payroll period from \_\_\_\_\_ to \_\_\_\_\_

Payroll date \_\_\_\_\_

Gross wages paid to employees \$ \_\_\_\_\_

Income tax withheld \$ \_\_\_\_\_

Social Security (Employer's plus Employee's  
share of Social Security Tax) \$ \_\_\_\_\_

Tax Deposited \$ \_\_\_\_\_

Date Deposited \_\_\_\_\_

**Section 2**

Taxes Reported on  
Form 940, Employer's Annual  
Federal Unemployment Tax  
Return

**Form 940 Federal Tax Deposit (FTD) Information**

for the payroll period from \_\_\_\_\_ to \_\_\_\_\_

Gross wages paid to employees \$ \_\_\_\_\_

Tax Deposited \$ \_\_\_\_\_

Date Deposited \_\_\_\_\_

**Certification**

**(Certification is limited to receipt or electronic transmittal of deposit only)**

This certifies receipt or electronic transmittal of deposits described below for Federal taxes as defined in Circular E, Employer's Tax Guide (Publication 15)

Deposit Method ☐ Form 8109/8109B Federal Tax Deposit (FTD) coupon  
(check box) ☐ Electronic Federal Tax Payment System (EFTPS) Deposit

Amount (Form 941 Taxes) Date of Deposit EFTPS acknowledgment number or Form 8109 FTD received by:

Amount (Form 940 Taxes) Date of Deposit EFTPS acknowledgment number or Form 8109 FTD received by:

Depositor's Employer Identification Number: Name and Address of Bank

Under penalties of perjury, I certify that the above federal tax deposit information is true and correct

Signed: Date:

Name and Title  
(print or type)

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

**DECLARATION UNDER PENALTY OF PERJURY**

I, \_\_\_\_\_, acting as the duly authorized agent for the Debtor in Possession (Trustee) declare under penalty of perjury under the laws of the United States that I have read and I certify that the figures, statements, disbursement itemizations, and account balances as listed in this Monthly Report of the Debtor are true and correct as of the date of this report to the best of my knowledge, information and belief.

\_\_\_\_\_  
For the Debtor In Possession (Trustee)

Print or type name and capacity of  
person signing this Declaration:

\_\_\_\_\_  
\_\_\_\_\_

DATED:\_\_\_\_\_

IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

Office of the U.S. Trustee  
227 W. Monroe Street; Suite 3350  
Chicago, IL 60606

Debtor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notice Date: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount Due: \_\_\_\_\_

**NOTICE OF UNPAID FEES AND IMPENDING COLLECTION ACTIONS**

According to the accounts receivable records, you owe the above amount to the United States Trustee in unpaid quarterly fee charges. If you do not pay this debt or take other action described below before \_\_\_\_\_, the United States Trustee will submit your debt to the U.S. Department of Treasury for further collection. Interest, penalties, and other charges for costs may be added to the amount you owe. Payment must be sent to the above address.

Once your debt is sent to the Department of Treasury, Treasury will take all authorized collection actions, including reporting the debt to credit reporting agencies and engaging private collection agencies as necessary. The debt will also be submitted to the Treasury Offset Program which means the debt will be deducted from eligible payments that are owed to you by the federal government, including but not limited to tax refunds. The Treasury Offset Program is authorized by the Debt Collection Act of 1982 and the Debt Collection Improvement Act of 1996. You may not receive another notice before your payment is offset.

Before we submit your debt to the Treasury Offset Program, we are required to tell you the following: (1) you may inspect and copy our records related to your debt; (2) you may request a review of our determination that you owe this debt; and (3) you may enter into a written repayment agreement if it is acceptable to the United States Trustee. If you are interested in these options, please send a written request to the above address.

If you make or provide any knowingly false or frivolous statements, representations, or evidence, you may be liable for penalties under the False Claims Act (31 U.S.C. §§ 286, 287, 1001, and 1002), or other applicable statutes.

If you have any questions about this letter or your rights, you should immediately contact your local field office at the above address.

EXHIBIT “C”

U. S. TRUSTEE QUARTERLY FEE STATEMENT

Pursuant to Fed. R. Bankr. P. 2015(a)(5)

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

FOR CALENDAR QUARTER ENDING \_\_\_\_\_, 20\_\_

	DISBURSEMENTS*	
1. MONTH		DISBURSEMENTS
_____		\$ _____
_____		\$ _____
_____		\$ _____
TOTAL DISBURSEMENTS FOR QUARTER		\$ _____
2. QUARTERLY FEE OWED PURSUANT TO 28 U.S.C. §1930(A)(6)		\$ _____
3. QUARTERLY FEE PAID (Attach proof of payment)		\$ _____
4. AMOUNT OF UNPAID FEES (IF ANY)		\$ _____

I, \_\_\_\_\_ acting as the duly authorized agent for the Debtor In Possession (Trustee) (Plan Administrator) declare under penalty of perjury under the laws of the United States that I have read and certify that the figures, statements, disbursement itemizations, and account balances as listed in this U.S. Trustee Quarterly Fee Statement are true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: \_\_\_\_\_  
For the Debtor In Possession (Trustee) (Plan Administrator)

(Print or type name and  
capacity of person signing  
this Declaration). \_\_\_\_\_

\* For periods subsequent to plan confirmation, this includes payments pursuant to the confirmed plan as well as all other disbursements.

EXHIBIT "D"  
IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

CASE NAME: \_\_\_\_\_ CASE NO.: \_\_\_\_\_

U. S. TRUSTEE QUARTERLY REPORT ON STATUS OF PLAN PAYMENTS

FOR CALENDAR QUARTER ENDING \_\_\_\_\_, 20\_\_

1. Were any payments required to be made under the plan this past calendar quarter?      yes\_\_\_\_\_      no\_\_\_\_\_
  
2. If yes, were all required payments made?      yes\_\_\_\_\_      no\_\_\_\_\_
  
3. If not, on a separate schedule, state the name, address and telephone number of each unpaid creditor, the amount due and      the reason payment was not made.

I, \_\_\_\_\_ acting as the duly authorized agent under the confirmed plan declare under penalty of perjury under the laws of the United States that I have read and certify that the information listed in this U.S. Trustee Quarterly Report on Status of Plan Payments is true and correct as of the date of this report to the best of my knowledge, information and belief.

DATED: \_\_\_\_\_

\_\_\_\_\_  
For the Debtor In Possession (Trustee) (Plan Administrator)

(Print or type name and  
capacity of person signing  
this Declaration).

\_\_\_\_\_  
\_\_\_\_\_

EXHIBIT "E"



**OFFICE OF THE UNITED STATES TRUSTEE  
NORTHERN DISTRICT OF ILLINOIS**

**Direction of Attorney for the Debtor  
Concerning Contacts with Client Regarding Administrative Matters**

In re: \_\_\_\_\_

Case Number: \_\_\_\_\_

**Part I : Purpose**

The United States Trustee is responsible for supervising the administration of cases under chapters 7, 11, 12, and 13 of the United States Bankruptcy Code. 28 U.S.C. §586. To fulfill this responsibility, the U.S. Trustee has issued Guidelines for Debtors-in-Possession. The Guidelines impose certain administrative and reporting responsibilities on chapter 11 debtors-in-possession. In addition, there are other requirements imposed by law, including a requirement to pay U.S. Trustee quarterly fees. The U.S. Trustee's staff is available to assist debtors-in-possession in fulfilling these requirements. In addition, it is frequently necessary for members of the U.S. Trustee's staff to contact debtors concerning missing documents, incomplete forms, and other administrative matters. Many debtors-in-possession and attorneys prefer that these administrative matters be handled directly between the debtor and the U.S. Trustee's staff. Others prefer that all such contacts be made through counsel. We need to know how you and your client would like these matters to be handled.

**Part II: Direction**

\_\_\_\_\_ We direct that all contacts between the U.S. Trustee's staff concerning the administrative requirements of the U.S. Trustee, including completion of operating reports, insurance, banking arrangements, payment and calculation of quarterly fees, may be made directly between the U.S. Trustee and the debtor-in-possession.

\_\_\_\_\_ We direct that all contacts between the U.S. Trustee's staff concerning this case, including all administrative matters, be conducted through counsel for the debtor-in-possession.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Debtor-in-Possession

## EXHIBIT F